

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Decl. Sub. w/Initial Filing

X_Decl. Sub. after Initial Filing (surcharge (37 CFR 1.15 (e))

Attorney Docket No.: 2132.089 Inventor Name: Jackowski et al.

Sheet PTO/SB/02B attached.

COMPLETE IF KNOWN

Application No: 10/020,008

Filing Date: December 13, 2001

Group Art Unit: Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APOLIPOPROTEIN BIOPOLYMER MARKERS PREDICTIVE OF ALZHEIMERS DISEASE

the specification which is attached hereto OR X was filed on December 13, Appln. No. 10/020,008 and was	2001 As United Sta	tes Application	No. or PCT Intl.
I hereby state that I have reviidentified specification, incluse specification above.	ewed and understand ding the claims, as	the contents of	the above
I acknowledge the duty to discl	ose information whic	h is material t	o patentability as
I hereby claim foreign priority application(s) for patent or in international application which States of America, listed below any foreign application for pat application having a filing dat claimed.	nventor's certificate n designated at least and have also ident cent or inventor's ce	<pre>, or 365(a) of one country ot ified below, by rtificate, or a</pre>	any PCT her than the United checking the box, ny PCT international
PRIOR FOREIGN COUNTRY: NUMBERS:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY Yes No
Additional foreign appln. nos. are attached hereto.			
I hereby claim the benefit unde application(s) listed below:	er 35 U.S.C. 119(e) o	f any United St	ates provisional
APPLICATION NUMBER(s):	FILING DATE:		
		Nos. are	provisional appln. e listed on a entary priority data

DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first

U.S. PARENT APPLICATION or PCT NUMBER:	PARENT FILING DATE:	PARENT PATENT NO: (if applicable)
Additional U.S. or PCT interpriority data sheet PTO/SB	national appln.nos. are listed /02B attached hereto.	d on a supplemental
As a named inventor, I hereby	appoint the following registed to transact all business in	
	OR	BAR CODE LABEL HERE
Registered REGISTRAT	<u>practitioner(s) name/reqistra</u> ION NO: NAME:	REGISTRATION NO:
Michael A. Slavin 34,016	Joseph Beckm	an 45,529
Ferris H. Lander 43,377	C. Fred Rose	
DDRESS: 4440 PGA Blvd.,		
NAME: McHale & Slavin, P	.A.	
CITY: Palm Beach Gardens		ZIP: 33410
	STATE: FL TELEPHONE: (561) 625-6575	ZIP: 33410 FAX: (561) 625-6572
CITY: Palm Beach Gardens COUNTRY: U.S. hereby declare that all states all statements made on inform that these statements were made the like so made are punishable and that such willful false s or any patent issued thereon.	TELEPHONE: (561) 625-6575 ments made herein of my own kration and belief are believed de with the knowledge that will le by fine or imprisonment, or tatements may jeopardize the v	FAX: (561) 625-6572 Inowledge are true and that to be true; and further liful false statements and reboth, under 17 U.S.C. 1001 validity of the application
CITY: Palm Beach Gardens COUNTRY: U.S. hereby declare that all states all statements made on inform that these statements were made the like so made are punishable and that such willful false s	ments made herein of my own kration and belief are believed de with the knowledge that will le by fine or imprisonment, or tatements may jeopardize the value. R: A Petition has been	FAX: (561) 625-6572 Inowledge are true and that to be true; and further liful false statements and to both, under 17 U.S.C. 1001
CITY: Palm Beach Gardens COUNTRY: U.S. hereby declare that all states all statements made on inform that these statements were made the like so made are punishab and that such willful false s or any patent issued thereon. NAME OF SOLE OR FIRST INVENTO GIVEN NAME (first and middle George Inventor's signature:	ments made herein of my own kration and belief are believed de with the knowledge that will be by fine or imprisonment, or tatements may jeopardize the value of the first and the second secon	FAX: (561) 625-6572 Inowledge are true and that to be true; and further alful false statements and reboth, under 17 U.S.C. 1001 validity of the application filed for this unsigned inv.
CITY: Palm Beach Gardens COUNTRY: U.S. hereby declare that all states all statements made on inform that these statements were made the like so made are punishab and that such willful false s or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR GIVEN NAME (first and middle George Inventor's signature: Residence: 11725 Keele Streen	TELEPHONE: (561) 625-6575 ments made herein of my own kration and belief are believed de with the knowledge that will be by fine or imprisonment, or tatements may jeopardize the value of the first and the second	FAX: (561) 625-6572 Inowledge are true and that to be true; and further liful false statements and reboth, under 17 U.S.C. 1001 validity of the application filed for this unsigned inv. Y NAME OR SURNAME: Jackowski, PhD Date:
CITY: Palm Beach Gardens COUNTRY: U.S. hereby declare that all states all statements made on informs that these statements were made the like so made are punishable and that such willful falses or any patent issued thereon. NAME OF SOLE OR FIRST INVENTO GIVEN NAME (first and middle George Inventor's signature: Residence: 11725 Keele Stree City: Kettleby State: ONTA	ments made herein of my own kration and belief are believed de with the knowledge that will be by fine or imprisonment, or tatements may jeopardize the value of the first and the second of the secon	FAX: (561) 625-6572 Inowledge are true and that to be true; and further alful false statements and reboth, under 17 U.S.C. 1001 validity of the application filed for this unsigned inv. Y NAME OR SURNAME: Jackowski, PhD
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